

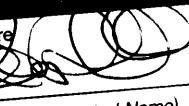
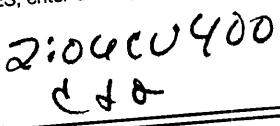
SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ken Palombo
Legal Counsel
Prison Health Services
105 Westpark Drive, Suite 200
Brentwood, TN 37027

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 AddresseeB. Received By (Printed Name)
C. Date of Delivery
7-17-06D. Is delivery address different from item 1?
If YES, enter delivery address below:

 Yes
 No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from)

7005 1820 0002 3461 1598

USPS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540